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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 OF 211 (check only one)    X   17
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NAME OF COMMITTEE (In Full)  Debbie Wasserman Schultz for Congre	ss	
Full Name (Last, First, Middle Initial)  A. American Express  Mailing Address 1501 SW 63 Ave.	Date of Disbursement  04 23 2015	
City State Zip Code		Amount of Each Disbursement this Period
Miami FL 33144		Amount of Each disbursement this Period
Purpose of Disbursement credit card processing fee  Candidate Name		24.49 Transaction ID : D624268
Office Sought: House Disbursement Fo		
Full Name (Last, First, Middle Initial)  Merkle Response Services Inc.  Mailing Address 100 Jamison Ct  City State Hagerstown MD  Purpose of Disbursement Data Processing	Zip Code 21740	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name  Category/ Type		Transaction ID : D624239
Office Sought:  House  Senate  President  State:  Disbursement For Disburs		
Full Name (Last, First, Middle Initial)		
Merkle Response Services Inc.  Mailing Address 100 Jamison Ct		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Hagerstown MD 21740		Amount of Each Disbursement this Period
Purpose of Disbursement		1000.00
Postage and Delivery  Candidate Name  Category/ Type		Transaction ID : D625731
Office Sought:    House   Disbursement Formation		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

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